


No. W 57153	Due no later than December 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable BEAR RIVER CHIROPRACTIC, LLC 45 W CENTER ST SODA SPRINGS, ID 83274		JARED M SHELTON 45 W CENTER ST SODA SPRINGS, ID 83274
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	JARED M SHELTON	390 N 2nd E	Soda Springs	ID	83276

5. Organized Under the Laws of: IDAHO W 57153	6. <div style="display: flex; justify-content: space-between;"> <div> Signature  Name (Typed or Printed) <u>JARED M SHELTON, DC</u> </div> <div> Date <u>10/16/08</u> Title <u>Manager</u> </div> </div>
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